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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
with Initial  
Filing



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
Required)

OR

Attorney Docket Number	METSO-58
First Named Inventor	Tapani Honkanen
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural Names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Equipment for Moving the Roll of a Paper Machine

*(Title of the Invention)*

The specification of which

Is attached hereto

OR

was filed on (MM/DD/YYYY) 12/15/2004 as United States Application Number or PCT International

Application Number

PCT/FI2004/050187

and was amended on (MM/DD/YYYY)

  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

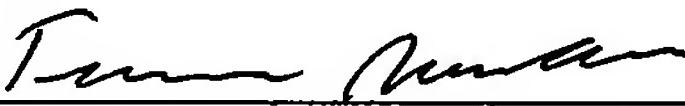
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
20035242	FI	12/18/2003	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement: this form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEWS OF COMLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231

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# DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <b>36528</b> Or <input type="checkbox"/> Correspondence address below or Bar Code Label			
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): <b>Tapani</b>		Family Name or Surname: <b>Honkanen</b>	
Inventor's Signature			Date: <b>6. ozaani 2006</b>
Residence: City: <b>Kerava</b>	State: _____	Country: <b>Finland</b>	Citizenship: <b>FI</b>
Mailing Address: <b>Olli ilantie 12</b>			
City: <b>Kerava</b>	State: _____	Zip: <b>FI - 04250</b>	Country: <b>Finland</b>
<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): <b>Tuomo</b>		Family Name or Surname: <b>Juvakka</b>	
Inventor's Signature			Date: <b>25 APRIL 2006</b>
Residence: City: <b>Jyskä</b>	State: _____	Country: <b>Finland</b>	Citizenship: <b>FI</b>
Mailing Address: <b>Pursipolku 3</b>			
City: <b>Jyskä</b>	State: _____	Zip: <b>FI - 40420</b>	Country: <b>Finland</b>
<input type="checkbox"/> Additional inventors are being named on the 0 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

Please type a plus sign (+) inside this box

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

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# DECLARATION

## ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Timo		Family Name or Surname: Kukko	
Inventor's Signature			Date: 04/17/2006
Residence: City: Jyskä	State:	Country: Finland	Citizenship: FI
Mailing Address: Alatie 15 A			
City: Jyskä	State:	Zip: FI - 40420	Country: Finland
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]):		Family Name or Surname:	
Inventor's Signature			Date:
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]):		Family Name or Surname:	
Inventor's Signature			Date:
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
City:	State:	Zip:	Country:

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